

LicenseNo./Code_____

Date Issued _____

Expiration Date_____

Date Current Photo_____

**DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION
SCRAP METAL
FACILITY
APPLICATION**

Chapter 550, Columbus City Code



Check One: New () Renewal () Change of Ownership ()

**WITH THE EXCEPTION OF THE SOCIAL SECURITY NUMBER, ALL INFORMATION CONTAINED IN THIS APPLICATION IS
SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD.**

_____, understand that any false statement made or given in this application shall result in denial or future revocation of this registration, as well as criminal prosecution under Chapter 2321.13(A-3)(A-5), Columbus City Codes.

A violation of Chapter 550 (governing Scrap Metal Facilities) may be cause for suspension of all licenses issued thereunder.

This application is to be completed by the owner, stockholder, or partner of that which is to be licensed.

DATE: _____ SIGNED: _____

BUSINESS INFORMATION

Check One: Single Owner () Partnership () Incorporated () Other ()
(If incorporated, business name must be exactly as shown on its Articles of Incorporation)

Facility Name: _____ **Phone:** _____

Facility Address:_____

Activities to be conducted at this facility location_____

Primary contact person for business_____ **Phone Work**_____ **Cell**_____

COMPLETE THE FOLLOWING INFORMATION OF THE STATUTORY AGENT REGISTERED WITH THE OHIO SECRETARY OF STATE:

BUSINESS NAME:_____ **PHONE #**_____

ADDRESS: _____

NUMBER	STREET	CITY	STATE	ZIP
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APPLICANT INFORMATION

(For the purpose of this section, the applicant is defined as the person applying for the license on behalf of the business.)

Check One: Owner () Manager () Person Authorized by Corporation ()

Name of Owner or Applicant:

LAST NAME	FIRST NAME	MIDDLE NAME
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Position within facility:_____

Your Home Address: _____

NUMBER	STREET	CITY	STATE	ZIP
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Date of Birth: _____ **Place of Birth:** _____ **SS #:** _____

Race: _____ **Sex:** _____ **Height** _____ **Weight** _____ **Eyes:** _____ **Hair:** _____

Phone #: _____ **Drivers License** _____

IS THE APPLICANT: (For purposes of this section, the applicant is defined as the person applying for the license on behalf of the business.)

A Citizen of the U.S.? _____ **A Legal Alien?** _____ **Registration #** _____
(If born outside of the United States, proof of citizenship or alien registration cards must be submitted)

On probation for a theft or felony offense? _____ **On parole for a theft or felony offense?** _____

If yes, explain _____

List all theft and/or felony offenses within the past ten (10) years for which the applicant was convicted and/or was placed on probation or parole.

List all residential addresses of the applicant for the past three (3) years.

NUMBER	STREET	CITY	STATE	ZIP
NUMBER	STREET	CITY	STATE	ZIP
NUMBER	STREET	CITY	STATE	ZIP

List all businesses, occupations or employment of the applicant for the past three (3) years.

List all previous and all currently held licenses or permits relating to the operation of any scrap metal facility that were issued by any governmental agency within the last ten (10) years for this applicant and/or the business.

Were any of the licenses listed above revoked and/or suspended? _____ If yes, explain:

To the best of your knowledge, does this facility conform to all City Codes, including but not limited to, zoning, building, health and fire?

Complete the following information of ALL persons who will be directly engaged in managing or supervising the daily operations of the facility to be licensed.

1) _____
NAME TITLE

Home Address: _____
NUMBER STREET CITY STATE ZIP

SS #: _____ **Drivers License#** _____

2) _____
NAME TITLE

Home Address: _____
NUMBER STREET CITY STATE ZIP

SS #: _____ Drivers License# _____

3) _____
NAME TITLE

Home Address: _____
NUMBER STREET CITY STATE ZIP

SS #: _____ Drivers License# _____

4) _____
NAME TITLE

Home Address: _____
NUMBER STREET CITY STATE ZIP

SS #: _____ Drivers License# _____

5) _____
NAME TITLE

Home Address: _____
NUMBER STREET CITY STATE ZIP

SS #: _____ Drivers License# _____

NOTE: SHOULD ADDITIONAL SPACE BE NECESSARY TO COMPLETELY ANSWER ANY OF THE PRIOR QUESTIONS, ADDITIONAL PAGES WILL BE PROVIDED.

STATE OF OHIO, COUNTY OF FRANKLIN:

Applicant Print Name: _____, being duly sworn, deposes and says he or she is the individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed; that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

(Applicant Signature)

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

(Notary Public or Agent of Director of Public Safety)

REVISED 07/16/2007 SG

FOR OFFICE USE ONLY

COPY OF DRIVER’S LICENSE OR GOVERNMENT ISSUED I.D. ☐

PHOTO ☐

FINGER PRINT AND RECORD CHECK RECEIVED ☐

USE THIS PAGE IF ADDITIONAL SPACE IS NEEDED

FACILITY NAME: _____

FACILITY ADDRESS: _____

ADDITIONAL INFORMATION: _____

1) _____

NAME

TITLE

Home Address: _____

NUMBER

STREET

CITY

STATE

ZIP

SS #: _____ Drivers License# _____

2) _____

NAME

TITLE

Home Address: _____

NUMBER

STREET

CITY

STATE

ZIP

SS #: _____ Drivers License# _____

3) _____

NAME

TITLE

Home Address: _____

NUMBER

STREET

CITY

STATE

ZIP

SS #: _____ Drivers License# _____

4) _____

NAME

TITLE

Home Address: _____

NUMBER

STREET

CITY

STATE

ZIP

SS #: _____ Drivers License# _____

5) _____

NAME

TITLE

Home Address: _____

NUMBER

STREET

CITY

STATE

ZIP

SS #: _____ Drivers License# _____

(6) _____

NAME

TITLE

Home Address: _____

NUMBER

STREET

CITY

STATE

ZIP

SS #: _____ Drivers License# _____